## **Application Data Sheet**

Application Information

Application Type::	Regula	ar	
Subject Matter::	Utility		
Suggested Classification::			
Suggested Group Art Unit::			
CD-ROM or CD-R?::	None		
Title::	Tissue	Distrac	tion Device
Request for Early Publication	ı?::	No	
Request for Non-Publication	?::	No	
Suggested Drawing Figure::	7		
Total Drawing Sheets::	15		
Small Entity::		yes	
Petition included?::		No	
Secrecy Order in Parent Appl	l.?::	No	
Applicant Information			
Applicant Authority type::			Inventor
Primary Citizenship Country:		US	
Status::	Full Ca	apacity	
Given Name:	Spank	y A.	·
Family Name::	Raymo	ond	
City of Residence::	Uniont	own	
State or Province of Residence	e::	ОН	

Country of Residence::

US

Street of mailing address::

2513 Greenview Drive

City of mailing address::

Uniontown

State or Province of mailing address::

OH

Postal or Zip Code of mailing address::

44685

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Frank S.

Family Name::

Bono

City of Residence::

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State or Province of Residence::

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Country of Residence::

US

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City of mailing address::

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State or Province of mailing address::

CT

Postal or Zip Code of mailing address::

06470

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

US

Status::

Full Capacity

Given Name:

Thomas G.

Family Name::

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City of Residence::

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State or Province of Residence::

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Country of Residence::

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State or Province of mailing address::

CT

Postal or Zip Code of mailing address::

06437

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country:

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Given Name:

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Family Name::

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City of Residence::

Trumbull

State or Province of Residence::

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Country of Residence::

US

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City of mailing address::

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State or Province of mailing address::

CT

Postal or Zip Code of mailing address::

06611

**Applicant Information** 

Applicant Authority type::

Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Steven J.

Family Name:: Wysocki

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Country of Residence:: US

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City of mailing address:: Stratford

State or Province of mailing address:: CT

Postal or Zip Code of mailing address:: 06611

**Correspondence Information** 

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## Representative Information

Representative Customer Number:	
	28078

## **Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
	An application claiming the benefit under 35 USC 119(e)	60/459,036	March 31, 2003